CORRECTED

For KCC Use: Effective Date:	9.6.05
District #	
SGA? Yes	X No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

NOTICE OF INTENT TO DRILL

Must be approved by KCC five (5) days prior to commencing well

Form C-1 December 2002 Form must be Typed Form must be Signed All blanks must be Filled

Expected Spud Date September 29, 2005	Spot	East
month day year	N/2 - NW - SW Sec. 36 Twp. 33 S. R. 27	
OPERATOR: License# 6569 (6.35.06)	2310' fsl feet from N / VS Line of	
Name: Carmen Schmitt Inc.	660' fwl feet from E / W Line of	Section
Address: PO Box 47	Is SECTION _√ RegularIrregular?	
City/State/Zip: Great Bend, Kansas 67530	(Note: Locate well on the Section Plat on reverse side)	
Contact Person: Jacob Porter	County Meade	
Phone: 620-793-5100	Lease Name: Ediger Well #: 36	6-1
5142 (6-30%)	Field Name: McKinney	
CONTRACTOR: License# 5142 Name: Sterling Drilling Company		Yes 🗸 No
Name: Sterling Drilling Company	Target Formation(s): Mississippian	
Well Drilled For: Well Class: Type Equipment:	Nearest Lease or unit boundary: 660' West	
Oil Enh Rec Infield Mud Rotary	Ground Surface Elevation: Estimate 2460'	feet MSL
✓ Gas Storage ✓ Pool Ext. Air Rotary		Yes V No
OWWO Disposal Wildcat Cable	Public water supply well within one mile: Depth to bottom of fresh water: 250	Yes ✓ No
Seismic;# of Holes Other	Depth to bottom of iresh water: 2560	
Other		
If OWWO: old well information as follows:	Length of Surface Pine Planned to be set	n
Operator:	Length of Conductor Pipe required: NONE	
Well Name:	Projected Total Depth: 6300'	
Original Completion Date:Original Total Depth:	Formation at Total Depth: Mississippian	
	Water Source for Drilling Operations:	
Directional, Deviated or Horizontal wellbore? Yes ✓ No	Well Farm Pond Other	
If Yes, true vertical depth:	DWR Permit #:	
Bottom Hole Location:	(Note: Apply for Permit with DWR 🔲)	
KCC DKT #: 2 6 2006 (6 waster from effective data)		Yes √ No
Expiration date was: 3-6-2006 (6 months from effective date)	If Yes, proposed zone:	
Expiration date is: 3-1-2006 (6 months from approval date)	FIDAVIT	CEIVED
The undersigned hereby affirms that the drilling, completion and eventual p	olugging of this well will comply with K.S.A. 55 et. seq.	2 (5.5.5.4)
It is agreed that the following minimum requirements will be met:	3EF	- 1 2005
 Notify the appropriate district office prior to spudding of well; 	KCC	MANOLUS.
2. A copy of the approved notice of intent to drill shall be posted on ea	ach drilling rig;	WICHITA
The minimum amount of surface pipe as specified below shall be s through all unconsolidated materials plus a minimum of 20 feet into		e sei
4. If the well is dry hole, an agreement between the operator and the		lugging;
5. The appropriate district office will be notified before well is either plu		
 If an ALTERNATE II COMPLETION, production pipe shall be cemen Or pursuant to Appendix "B" - Eastern Kansas surface casing order 		
must be completed within 30 days of the spud date or the well shall		
I hereby certify that the statements made herein are true and to the best of		ū
	\sim . The second of the secon	M
Date: 8/31/05 Signature of Operator or Agent: Jac	of L. Nortes Title: Operations	/Nanage/
	Remember to:	,
For KCC Use ONLY	File Drill Pit Application (form CDP-1) with Intent to Drill;	ı
API# 15 - 119 - 21167-0000	- File Completion Form ACO-1 within 120 days of spud date;	ω
Conductor pipe required NONE feet	- File acreage attribution plat according to field proration orders;	6
580	 Notify appropriate district office 48 hours prior to workover or re- Submit plugging report (CP-4) after plugging is completed; 	entry;
Minimum surface pipe required feet per Alt. (1) a Approved by: 2569.1-05/RJP/0-7-05	Obtain written approval before disposing or injecting salt water.	W
	If this permit has expired (See: authorized expiration date) please	1
This authorization expires: 3 / - 06	check the box below and return to the address below.	
(This authorization void if drilling not started within 6 months of ≥ date.)	Well Not Drilled - Permit Expired	
Spud date: Agent:		
	Signature of Operator or Agent:	N
oper care.	Signature of Operator or Agent:	72